

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005586

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 105

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Scott</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Cape Girardeau</i>		c. CITY OR TOWN <i>Illmo</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Southeast Mo Hosp</i>		d. STREET ADDRESS (If outside, give location)	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>WILLIAM</i> Middle <i>WALTER</i> Last <i>KINSALL</i>		4. DATE OF DEATH Month <i>Feb</i> Day <i>18</i> Year <i>1963</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Jan 1, 1873</i>
9. AGE (last birthday) <i>90</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter</i>	
11. BIRTHPLACE (City and state or country) <i>Shawneetown, Ill</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>Don't know</i>		13b. MOTHER'S MAIDEN NAME <i>Don't know</i>	
14. NAME OF HUSBAND OR WIFE <i>Mathis Putman Kinsall</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <i>unk</i>	
16. INFORMANT <i>Mrs Luther Carter</i>		Address <i>Illmo, Mo</i>	

18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>ASHD - slight decompression</i>		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. _____ p.m. _____ Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <i>12-7-62</i> to <i>2-18-63</i> and last saw him alive on <i>2-18-63</i> Death occurred at <i>home</i> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Robert G. Laffoon M.D.</i>	(Degree or title)	22b. ADDRESS <i>Illmo, Mo</i>	22c. DATE SIGNED <i>2/18/63</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>2/20/63</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park</i>	23d. LOCATION (City, town, or county) <i>Cape Girardeau, Mo</i>
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24. FUNERAL DIRECTOR <i>BISPLINGHOFF FUNERAL HOME</i>	ADDRESS <i>Illmo, Mo</i>	25. DATE RECD. BY LOCAL REG. <i>2-23-63</i>	26. REGISTRAR'S SIGNATURE <i>James Kasten</i>
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BISPLINGHOFF FUNERAL HOME

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

DATE AMENDED

1	<i>0168</i>
2	<i>1000</i>
3	<i>2</i>
4	<i>0</i>
5	<i>1</i>
6	
7	<i>1</i>
8	<i>2</i>
9	<i>493X</i>
10	
11	
12	<i>3-0</i>
13	<i>1-0</i>

MAR 21 1963

FEB 27 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Olliver C. Amick

Licensed Embalmer No. 4470

P. O. Address Illinois, New

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.